



**Federal Funds Inventory Form**  
**As Required by Idaho Code 67-1917**

Reporting Agency/Department: Idaho Department of Health & Welfare  
 Contact Person/Title: Jodi Osborn, Financial Executive Officer

STARS Agency Code: 270  
 Phone Number: 208-334-0679

Fiscal Year: 2018  
 Contact Email: [osbornj@dhw.idaho.gov](mailto:osbornj@dhw.idaho.gov)

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
10.557	FORMULA GRANTS; Project Grants (Discretionary)	Department of Agriculture	Special Supplemental Nutrition Program for Women, Infants, and Children	To provide low-income pregnant, breastfeeding and postpartum women, infants, and children to age five who have been determined to be at nutritional risk, supplemental nutritious foods, nutrition education, and referrals to health and social services at no cost. WIC also promotes breastfeeding as the feeding method of choice for infants, provides substance abuse education and promotes immunization and other aspects of healthy living.		30,305,541	26,993,224	26,993,224	26,993,224	Y	N	Adjust food package options and enforce lowest cost brand items; reduce contracts for local services and outreach.
10.578	FORMULA GRANTS	Department of Agriculture	WIC Grants To States (WGS)	To provide grants to WIC State agencies to plan, design and implement WIC electronic benefit transfer (EBT) systems so that Program benefits can be provided electronically. To provide grants to WIC State agencies to plan, design, implement, enhance or transfer management information (MIS) systems.		250,000	250,000	0	0	Y	N	This was one-time funding for planning services.
66.032	PROJECT GRANTS	Environmental Protection Agency	State Indoor Radon Grants	Title III of the Toxic Substances Control Act (TSCA), the Indoor Radon Abatement Act (IRAA), Section 306, authorizes EPA to assist States and Federally Recognized Indian Tribes to develop and implement programs to assess and mitigate radon-related lung cancer risk.		68,748	56,684	68,748	68,748	Y	N	Reduce program operations and training.
93.069	Cooperative Agreements	Health and Human Services	Public Health Emergency Preparedness	The PHEP program is a critical source of funding, guidance, and technical assistance for state, territorial, and local public health departments. Preparedness activities funded by the PHEP program are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable. These efforts support the National Response Framework (NRF), which guides how the nation responds to all types of hazards including infectious disease outbreaks; natural disasters; biological, chemical, and radiological incidents; and explosions.		6,384,396	5,124,454	6,384,396	6,384,396	Y	y	Reduce contracts for preparedness capacity building; reduce travel, and prioritize operations.
93.074	Formula Grants (Cooperative Agreements)	Health and Human Services	Hospital Preparedness Program (HPP) and Public Health Emergency Preparedness (PHEP) Aligned Cooperative Agreements	The purpose of the 2012-2017 HPP-PHEP aligned programs cooperative agreement is to provide resources that support state, local, territorial, and tribal public health departments and healthcare systems/organizations in demonstrating measurable and sustainable progress toward achieving public health and healthcare emergency preparedness capabilities that promote prepared and resilient communities. [NOTE: For additional detailed information on the HPP program, please see CFDA 93.889. For additional detailed information on the PHEP program, please see CFDA 93.069].		1,378,769	552,608	1,378,769	1,378,769	Y	y	Reduce contractual work and travel.
93.092	FORMULA GRANTS; PROJECT GRANTS	Health and Human Services	Affordable Care Act (ACA) Personal Responsibility Education Program	The purpose of this program is to educate adolescents and young adults on both abstinence and contraception for the prevention of pregnancy and sexually transmitted infections, including HIV/AIDS. The Affordable Care Act was established and provided funding for this program through FY 2014. The program was extended through September 30, 2017 in P.L. 114-110.		293,401	272,097	293,401	293,401	Y	Y	Reduce contracts for local services and outreach.
93.103	Cooperative Agreements (Discretionary Grants); Project Grants (Discretionary)	Health and Human Services	Food and Drug Administration_Research	To assist institutions and organizations, to establish, expand, and improve research, demonstration, education and information dissemination activities; acquired immunodeficiency syndrome (AIDS), biologics, blood and blood products, therapeutics, vaccines and allergenic projects; drug hazards; human and veterinary drugs, clinical trials on drugs and devices for orphan products development; nutrition, sanitation and microbiological hazards; medical devices and diagnostic products, radiation emitting devices and materials; food safety and food additives. These programs are supported directly or indirectly by the following Centers and Offices: Center for Biologics Evaluation and Research (CBER); Center for Drug Evaluation and Research (CDER); Center for Devices and Radiological Health (CDRH); Center for Veterinary Medicine (CVM), Center for Food Safety and Applied Nutrition (CFSAN), National Center for Toxicological Research (NCTR), the Office of Orphan Products Development (OPD), the Center for Tobacco Products (CTP), and Office of Regulatory Affairs (ORA), and the Office of the Commissioner (OC). Small Business Innovation Research (SBIR) Programs: to stimulate technological innovation; to encourage the role of small business to meet Federal research and development needs; to increase private sector commercialization of innovations derived from Federal research and development; and to foster and encourage participation by minority and disadvantaged persons in technological innovation. Funding support for scientific conferences that are relevant to the FDA scientific mission and public health are also available.		68,753	36,379	68,753	68,753	Y	N	Reduction in personnel.
93.110	PROJECT	Health and Human Services	Maternal and Child Health Federal Consolidated Programs	To carry out special maternal and child health (MCH) projects of regional and national significance; to conduct training and research; to conduct genetic disease testing, counseling, and information development and dissemination programs; for the screening of newborns for sickle cell anemia, and other genetic disorders; and to support comprehensive hemophilia diagnostic and treatment centers. These grants are funded with a set-aside from the MCH Block grant program. SPRANS grants are funded with 15 percent of the Block Grant appropriation of up to \$600 million. When the appropriation exceeds \$600 million, 12.75 percent of the amount over \$600 million is set aside for the Community Integrated Service Systems grants. 15 percent of the balance remaining over \$600 million is also for SPRANS. The CISS program is to develop and expand the following: (1) Home visitation; (2) increased participation of obstetricians and pediatricians; (3) integrated service delivery systems; (4) maternal and child health centers for women and infants, under the direction of a not-for-profit hospital; (5) services for rural populations; and (6) integrated state and community service systems for children and youth with special health care needs. First funded in 2004, the Heritable Disorders Program is established to improve the ability of States to provide newborn and child screening for heritable disorders and affect the lives of all of the nation's infants and children. Newborn and child screening occur at intervals across the life span of every child. Newborn screening universally provides early identification and follow-up for treatment of infants affected by certain genetic, metabolic, hormonal and/or functional conditions. It is expected that newborn and child screening will expand as the capacity to screen for genetic and congenital conditions expands.		245,373	245,373	235,374	235,374	Y	N	Reduce operating expenses.
93.116	Cooperative Agreements	Health and Human Services	Project Grants and Cooperative Agreements for Tuberculosis Control Programs	To assist State and local health agencies in carrying out tuberculosis (TB) control activities designed to prevent transmission of infection and disease. Financial assistance is provided to TB programs to ensure that the program needs for the core TB prevention and control activities are met: finding all cases of active tuberculosis and ensuring completion of therapy; finding and screening persons who have had contact with TB patients, evaluating them for TB infection and disease, and ensuring completion of appropriate treatment, and conducting TB surveillance and TB public health laboratory activities that are essential to addressing these priorities. Each of these core activities (completion of therapy, contact investigation, TB surveillance, and TB laboratory activities) is essential to effective TB prevention and control, and they are mutually reinforcing. Thus, they constitute a "package" of core activities. These are the highest priority TB prevention and control activities and should be carried out by all State and local TB prevention and control programs.		201,914	142,742	201,914	201,914	Y	N	Reduce travel and training; reduce access to local services.
93.127	Cooperative Agreements; Project Grants	Health and Human Services	Emergency Medical Services for Children	To support demonstration projects for the expansion and improvement of emergency medical services for children who need treatment for trauma or critical care.		130,000	108,638	130,000	130,000	Y	N	Reduce travel and training; reduce access to local services.
93.130	Cooperative Agreements	Health and Human Services	Cooperative Agreements to States/Territories for the Coordination and Development of Primary Care Offices	To coordinate local, State, and Federal resources contributing to primary care service delivery and workforce issues in the State to meet the needs of medically underserved populations through health centers and other community-based providers of comprehensive primary care and the retention, recruitment, and oversight of health professions for medically underserved populations.		225,203	174,294	180,162	180,162	Y	N	Reduce low priority program operations and training.

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
93.136	Cooperative Agreements; Project Grants	Health and Human Services	Injury Prevention and Control Research and State and Community Based Programs	STATE AND COMMUNITY PROGRAM GRANTS/COOPERATIVE AGREEMENTS:To develop, implement, and promote effective injury and violence prevention and control practices.		500,800	308,469	500,800	500,800	Y	N	Reduce contracts that provide local outreach.
93.165	PROJECT GRANTS	Health and Human Services	Grants to States for Loan Repayment Program	To increase the availability of primary health care in health professional shortage areas (HPSAs) by assisting States in operating programs for the repayment of educational loans of health professionals in return for their practice in HPSAs.		356,000	108,380	250,000	250,000	Y	N	Reduce contracts for healthcare practitioner loan repayment, impacting areas that have healthcare provider shortages, which are often rural.
93.217	PROJECT GRANTS	Health and Human Services	Family Planning_Services	To provide educational, counseling, comprehensive medical and social services necessary to enable individuals to freely determine the number and spacing of their children, and by so doing helping to reduce maternal and infant mortality, promote the health of mothers, families and children.		1,693,239	1,534,478	1,556,000	1,556,000	Y	N	Reduce travel; reduce contracts for local services.
93.240	PROJECT GRANTS	Health and Human Services	State Capacity Building	To fulfill the mandated objectives of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA) and the Superfund Amendments and Reauthorization Act (SARA) of 1986, as amended, in coordination with Agency for Toxic Substances and Disease Registry (ATSDR), by assisting public health agencies to build capacity to conduct (1) Health consultations, (2) public health assessments, (3) exposure investigations, (4) community involvement, (5) health education, and (6) public health studies.		201,477	194,977	201,477	201,477	Y	N	Reduce program operations and training.
93.241	PROJECT GRANTS	Health and Human Services	State Rural Hospital Flexibility Program	The Rural Hospital Flexibility Program (Flex) engages state designated entities in activities relating to planning and implementing rural health care plans and networks; designating facilities as Critical Access Hospitals (CAHs); providing support for CAHs for quality improvement, quality reporting, performance improvements, and benchmarking; and integrating rural emergency medical services (EMS). Specifically, the Flex program provides funding for states to support technical assistance activities to improve the quality of health care provided by CAHs, the financial stability and sustainability of CAHs, the integration of emergency medical services (EMS), and the health of rural communities. State Flex programs also assist in the conversion of qualified small rural hospitals to CAH status and support the integration of value based payment and innovative health care models in rural communities. State designated Flex Programs will act as a resource and focal point for these activities, ensuring people in rural communities have access to high quality health care services.		601,154	545,809	563,073	563,073	Y	N	Reduce grants to community healthcare partners for system building, with fewer people receiving services.
93.268	PROJECT GRANTS	Health and Human Services	Immunization Cooperative Agreements	To assist states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).		2,210,598	2,171,640	1,296,630	1,296,630	Y	N	Reduce access to local outreach services for adults.
93.270	Cooperative Agreements	Health and Human Services	Adult Viral Hepatitis Prevention and Control	Program activities under this funding will allow for CDC to partner with multiple organizations to benefit individuals by substantially reducing viral hepatitis transmission, identifying those that are acutely and chronically infected, and linking infected individuals with treatment if appropriate.		19,903	16,811	19,903	19,903	Y	N	Reduce contracts for local outreach; potential reduction of state staff.
93.283	Cooperative Agreements	Health and Human Services	Centers For Disease Control and Prevention_ Investigations and Technical Assistance	To assist State and local health authorities and other health related organizations in controlling communicable diseases, chronic diseases and disorders, and other preventable health conditions. Investigations and evaluation of all methods of controlling or preventing disease and disability are carried out by providing epidemic aid, surveillance, technical assistance, consultation, and program support; and by providing leadership and coordination of joint national, State, and local efforts. STEPS- To enable communities to reduce the burden of chronic disease, including: preventing diabetes among populations with pre-diabetes; increasing the likelihood that persons with undiagnosed diabetes are diagnosed; reducing complications of diabetes; preventing overweight and obesity; reducing overweight and obesity; and reducing the complications of asthma. STEPS will achieve these outcomes by improving nutrition; increasing physical activity; preventing tobacco use and exposure, targeting adults who are diabetic or who live with persons with asthma; increasing tobacco cessation, targeting adults who are diabetic or who live with persons with asthma; increasing use of appropriate health care services; improving the quality of care; and increasing effective self-management of chronic diseases and associated risk factors. REACH - REACH U.S. supports community coalitions that design, implement, evaluate, and disseminate community-driven strategies to eliminate health disparities Racial and ethnic groups targeted include: African American/Black, American Indian/Alaska Native, Asian, Native Hawaiian/Other Pacific Islander, and Hispanic/Latino. Health priority areas include: breast and cervical cancer; cardiovascular disease; diabetes mellitus; adult/older adult immunization, hepatitis B, and/or tuberculosis; asthma; and infant mortality.		2,289,562	1,870,558	2,289,562	2,289,562	Y	N	Reduce program operations, travel, and training; reduce data monitoring contracts; reduce contracts for local services and outreach.
93.292	FORMULA GRANTS	Health and Human Services	National Public Health Improvement Initiative	The purpose of the program is to provide support for accelerating public health accreditation readiness activities; to provide additional support for performance management and improvement practices; and, for the development, identification and dissemination of evidence-based policies and practices (i.e., best and promising practices.).		59,443	59,443	0	0	Y	N	No cost extension expired 9/29/15.
93.301	PROJECT GRANTS	Health and Human Services	Small Rural Hospital Improvement Grant Program	To support hospital activities related to patient quality improvement and attaining meaningful use of health information technology. Hospitals will utilize funds to: 1) pay for costs related to maintaining accurate prospective payment system billing and coding such as updating and or implementing ICD-10 hardware/software 2) pay for the costs related to delivery system changes as outlined in the ACA such as value-based purchasing (VBP), accountable care organizations (ACO), and payment bundling.		424,220	423,206	424,220	424,220	Y	N	Reduce grants to Critical Access Hospitals for infrastructure building and training.
93.305	Cooperative Agreements	Health and Human Services	National State Based Tobacco Control Programs	This cooperative agreement program addresses tobacco use and secondhand smoke exposure in the United States and supports four National Tobacco Control Program goals to (1) Prevent initiation of tobacco use among youth and young adults; (2) Eliminate exposure to secondhand smoke; (3) Promote quitting among adults and youth; and (4) Identify and eliminate tobacco related disparities. Achievement of these goals will reduce chronic disease morbidity, mortality, and disability related to tobacco use and secondhand smoke exposure. This cooperative agreement program relates to Healthy People 2020 objectives in the topic area of Tobacco Use. In addition, this cooperative agreement program supports the Government Performance Results Modernization Act Long-term Objective 4.6: Reduce Death and Disability Due to Tobacco and the following measures: Tobacco Measure: 4.6 - Reduce death and disability due to tobacco use; 4.6.2 - Reduce per capita cigarette consumption in the U.S. per adult age 18+; 4.6.3 - Reduce the proportion of adults (age 18 and over) who are current cigarette smokers; 4.6.4 - Increase the proportion of the U.S. population covered by comprehensive state and/or local laws making workplaces, restaurants, and bars 100% smoke free (no smoking allowed, no exceptions); 4.6.5 - Reduce the proportion of adolescents (grade 9-12) who are current cigarette smokers. Furthermore, this cooperative agreement program supports national public health priorities and strategic plans including: (1) Centers for Disease Control's Winnable Battles; (2) Department of Health and Human Service's Ending the Tobacco Epidemic and Strategic Plan; (3) National Prevention Council's National Prevention Strategy; (4) Institute of Medicine's, Ending the Tobacco Problem; and (5) numerous Surgeon General Reports.		1,640,147	924,304	1,640,147	1,640,147	Y	N	Media and Quitline costs would be reduced, possibly shifted to Millennium funds.
93.323	Cooperative Agreements	Health and Human Services	Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	The purpose of this program is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public health departments.		450,231	424,288	450,231	450,231	Y	N	Reduce travel; reduce testing supply budget; reduce contracts for local services.
93.505	Formula Grants	Health and Human Services	Affordable Care Act (ACA) Maternal, Infant, and Early Childhood Home Visiting Program	The Maternal, Infant, and Early Childhood Home Visiting Program is designed : (1) to strengthen and improve the programs and activities carried out under Title V; (2) to improve coordination of services for at risk communities; and (3) to identify and provide comprehensive services to improve outcomes for families who reside in at risk communities. Voluntary evidence-based home visiting is the primary strategy to deliver services. A nurse, social worker, parent educator, or other paraprofessional regularly visits an expectant mother or father, new parent, or primary caregiver of a young child from birth to kindergarten entry to support and strengthen the parent-child relationship to improve the health, development and well-being for the child and family.		4,200,000	3,949,858	4,200,000	4,200,000	Y	Y	Reduce program operations and training; reduce contracts for local services.

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
93.521	Cooperative Agreements	Health and Human Services	The Affordable Care Act: Building Epidemiology, Laboratory, and Health Information Systems Capacity in the Epidemiology and Laboratory Capacity for Infectious Disease (ELC) and Emerging Infections Program (EIP) Cooperative Agreements; PPHF	The Prevention and Public Health Fund (Title IV, Section 4002) was established under the Patient Protection and Affordable Care Act to provide for expanded and sustained national investment in prevention and public health programs to improve health and help restrain the rate of growth in private and public sector health care costs. The Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) and Emerging Infections Program (EIP) cooperative agreements were formed in 1995 as key components of CDC's national strategy to address and reduce emerging infectious disease (EID) threats. The programs play a critical role in strengthening national infectious disease infrastructure by serving as collaborative platforms for state and local health departments, CDC programs, and academic and various other public health partners to improve the ability to detect and respond to EIDs and other public health threats. Specifically, the programs build epidemiology, laboratory, and information systems capacity, integrate epidemiology and laboratory practice, implement active surveillance, and conduct targeted research aimed at improving methods and informing national surveillance and response activities. Overall, additional funds from multiple sources including PPHF will allow ELC and EIP partner agencies to substantially address gaps in EID epidemiology and laboratory capacity (e.g. number and training level of epi and lab staff, efficient/functional information systems, etc).		340,361	308,357	340,361	340,361	Y	N	Reduce technical assistance to hospital infection control programs.
93.539	Cooperative Agreements	Health and Human Services	PPHF Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance financed in part by Prevention and Public Health Funds	Program activities under this funding will support efforts to transition immunization programs supported by Section 317 funding to the healthcare environment being transformed by the Affordable Care Act (ACA). Section 317 grantees manage the public health force that implements and supports immunization practices in the public and private sectors. Additionally, the importance of monitoring the effectiveness and impact of vaccines is critical for maintaining an immunization program that is scientifically and programmatically sound. The specific objectives may include but are not limited to: 1. Enhance interoperability between electronic health records and immunization information systems and reception of Health Level 7 (HL7) standard messages into IIS. 2. Develop a vaccine ordering module in an immunization information system that interfaces with CDC's VTrckS vaccine ordering and management system. 3. Develop and/or implement strategic plans for billing for immunization services in health department clinics to enable programs to increase program revenue, reach additional populations, provide recommended vaccines that are not currently offered, and address under-vaccinated populations. 4. Plan and implement adult immunization programs to improve adult immunization rates by establishing collaborations with employers and pharmacies and other healthcare entities to expand adult vaccination activities. 5. Enhance the sustainability of school-located vaccination (SLV) to make SLV programs successful, efficient, and sustainable through new technologies and innovative systems and third-party payer billing to recover program costs. 6. Increase Human Papillomavirus (HPV) vaccination coverage rates among adolescents.		859,359	107,947	107,947	107,947	Y	N	Reduce vendor activities and requirements.
93.576	PROJECT	Health and Human Services	Refugee and Entrant Assistance_Discretionary Grants	The objectives of the discretionary grant programs include: (1) decreasing the numbers of refugees on public assistance and the length of time refugees require such assistance; (2) encouraging the placement of refugees in locations with good job opportunities and lower costs of living; (3) providing supplemental services to areas with high numbers of arrivals; (4) promoting older refugees' access to aging services; (5) assisting low-income refugees with matching funds for individual development accounts and with financial literacy classes; (6) providing micro-credit to refugees interested in starting new businesses but unable to access commercial sources of capital; (7) providing services to refugees in rural areas; (8) providing preventive health services; and (9) providing school impact assistance.		129,046	95,788	100,000	100,000	Y	N	Reduce program operations, travel, and training; reduce contracts for local services and outreach.
93.733	Cooperative Agreements	Health and Human Services	Capacity Building Assistance to Strengthen Public Health Immunization Infrastructure and Performance – financed in part by the Prevention and Public Health Fund (PPHF)	This program will improve the efficiency, effectiveness, and/or quality of immunization practices by strengthening the immunization information technology infrastructure, building capacity for public health department insurance billing, and expanding immunization delivery partnerships so that more children, adolescents, and adults are protected against vaccine-preventable diseases.		1,010,094	496,034	450,000	450,000	Y	N	Reduce program operations, travel and training.
93.735	Cooperative Agreements	Health and Human Services	State Public Health Approaches for Ensuring Quitline Capacity – Funded in part by 2012 Prevention and Public Health Funds (PPHF-2012)	As part of the overall effort to reduce the burden of chronic diseases and chronic disease risk factors, the Centers for Disease Control and Prevention (CDC), National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP), Office on Smoking and Health (OSH) announces the opportunity to apply for funds to ensure and support state quitline capacity, in order to respond to upcoming federal initiatives such as the National Tobacco Education Campaign. <a href="http://www.cdc.gov/tobacco">http://www.cdc.gov/tobacco</a> . This program addresses the "Healthy People 2020" focus area of tobacco use and the goal of reducing illness, disability, and death related to tobacco use and secondhand smoke exposure. Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age. This FOA will be a new, 2-year cooperative agreement for all states and territories that currently have a quitline.		69,872	64,729	69,872	69,872	Y	N	Reduce program operations and training.
93.745	Cooperative Agreements	Health and Human Services	PPHF: Health Care Surveillance/Health Statistics – Surveillance Program Announcement: Behavioral Risk Factor Surveillance System Financed in Part by Prevention and Public Health Fund	The purpose of this program is to provide assistance to State and Territorial Health Departments to maintain and expand: Specific health surveillance using telephone and multi-mode survey methodology for the behaviors of the general population that contribute to the occurrences and prevention of chronic diseases, injuries, and other public health threats;The collection, analysis, and dissemination of BRFSS data to State and Territorial Health Department Categorical Programs for their use in assessing trends, directing program planning, evaluating program priorities, developing policy, and targeting relevant population groups. Specifically, this program will: Add questions specifically on health care access and use to the 2013 and 2014 Behavioral Risk Factor Surveillance System (BRFSS) questionnaires to measure the effect of ACA on the population; Increase the BRFSS landline sample size to restore the number of completed interviews achieved to 2011 levels. BRFSS programs should develop plans for increasing their sample size of their 2013 surveys which will increase the number of completed interviews achieved which will increase the precision of estimates in small areas and sub-populations; Increase the proportion of cell phone interviews completed on the 2013 BRFSS survey to maintain coverage and validity – achieving at least a 25% completed interview rate by cell phone mode.		310,981	251,105	310,981	310,981	Y	N	Reduce the number of questions asked on the state portion of the Behavioral Risk Factor Surveillance System.
93.757	Cooperative Agreements	Health and Human Services	State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health financed in part by Prevention and Public Health Funding (PPHF)	The purpose of this program is to support statewide implementation of cross-cutting, evidence-based approaches to promote health and prevent and control chronic diseases and their risk factors. The focus of this effort involves primary prevention efforts aimed at diabetes and heart disease/stroke prevention efforts.		994,242	992,325	458,473	458,473	Y	N	Reduce contracts for local services and outreach; reduce program operations and training.
93.758	FORMULA GRANTS; Project Grants	Health and Human Services	Preventive Health and Health Services Block Grant funded solely with Prevention and Public Health Funds (PPHF)	To provide States with the resources to improve the health status of the population of each grantee by: (A) conducting activities leading to the accomplishment of the most current Healthy People objectives for the nation; (B) rapidly responding to emerging health threats; (C) providing emergency medical services, excluding most equipment purchases; (D) providing services for sex offense victims including prevention activities; and (E) coordinating related administration, education, monitoring and evaluation activities.		885,048	692,697	885,048	885,048	Y	Y	Reduce program operations; reduce contracts for local services and outreach.
93.815	Cooperative Agreements	Health and Human Services	Domestic Ebola Supplement to the Epidemiology and Laboratory Capacity for Infectious Diseases (ELC).	This ELC Competing Supplement addresses priority domestic capacity building around Ebola and other emerging and highly-infectious diseases. The Competing Supplement (1) provides additional resources to accelerate ELC activities around infection control assessment and response, laboratory safety, and global migration, border interventions, and migrant health; and (2) aligns with ELC's existing purpose which is to protect the public health and safety of the American people by enhancing the capacity of public health agencies to effectively detect, respond, prevent and control known and emerging (or re-emerging) infectious diseases. This is accomplished by providing financial and technical resources to (1) strengthen epidemiologic capacity; (2) enhance laboratory capacity; (3) improve information systems; and (4) enhance collaboration among epidemiology, laboratory, and information systems components of public health departments.		705,756	103,611	705,756	705,756	Y	N	Reduce technical assistance to improve infection control and prevention capacity.

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
93.817	Formula Grants	Health and Human Services	Hospital Preparedness Program (HPP) Ebola Preparedness and Response Activities	This program covers two separate, but related projects: Part A – Health Care System Preparedness for Ebola and Part B – Development of a Regional Network for Ebola Patient Care. The purpose of this program is to (1) improve healthcare system preparedness for Ebola and (2) develop a regional hospital network for Ebola patient care.		884,291	0	884,291	884,291	Y	N	Reduce contracts with Idaho's Public Health Districts for Ebola response activities, as well as reduce hours for state Ebola coordination.
93.889	Formula Grants	Health and Human Services	National Bioterrorism Hospital Preparedness Program	To ready hospitals and other healthcare systems, in collaboration with other partners, to deliver coordinated and effective care to victims of terrorism and other public health emergencies.		1,535,783	1,098,341	1,535,783	1,535,783	Y	Y	Reduce contracts for preparedness capacity building, reduce travel, and program operations.
93.913	Cooperative Agreements; Project Grants	Health and Human Services	Grants To States For Operation of Offices of Rural Health	The purpose of the State Offices of Rural Health (SORH) grant program is to assist States in strengthening rural health care delivery systems by maintaining a focal point for rural health within each State. The program provides funding for an institutional framework that links small rural communities with State and Federal resources to help develop long-term solutions to rural health problems. Cooperative Agreement: The purpose of the State Rural Health Coordination and Development Cooperative Agreement (SRHCD-CA) is to enhance the rural health infrastructure in each State by providing guidance and technical assistance to State Offices of Rural Health (SORHs) as well as their partners and to identify and promote best practices. The goals of the SRHCD-CA are 1) to assist in the coordination of health care delivery through the development of State level rural health leadership; and 2) to facilitate partnerships and collaboration at the national and State levels to improve the exchange of information and engage in collaborative activities for supporting rural health.		191,513	177,043	191,513	191,513	Y	N	Reduce peer-to-peer mentoring program and reduce program operations.
93.917	Formula Grants	Health and Human Services	HIV Care Formula Grants	To enable States and Territories to improve the quality, availability, and organization of a comprehensive continuum of HIV/AIDS health care and support services for individuals and families living with Human Immunodeficiency Virus (HIV) disease.		3,757,852	2,000,196	1,793,775	1,793,775	Y	Y	Reduce local services and pharmaceuticals.
93.919	Cooperative Agreements	Health and Human Services	Cooperative Agreements for State-Based Comprehensive Breast and Cervical Cancer Early Detection Programs	To work with official State and territorial health agencies or their designees, and tribal health agencies in developing comprehensive breast and cervical cancer early detection programs. To the extent possible, increase screening and follow-up among all groups of women in the State, tribe or territory, with special to reach those women who are of low income, uninsured, underinsured and minority, and Native Americans.		518,183	502,480	518,183	518,183	Y	Y	Reduce travel; reduce contracts for local services and outreach.
93.940	Cooperative Agreements	Health and Human Services	HIV Prevention Activities-Health Department Based	To assist States and political subdivisions of States in meeting the cost of establishing and maintaining Human Immunodeficiency Virus (HIV) prevention programs.		755,416	704,943	755,416	755,416	Y	N	Reduce contracts for local services and outreach; potential reduction of state staff.
93.944	Cooperative Agreements	Health and Human Services	Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance	To continue and strengthen effective human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) surveillance programs and to affect, maintain, measure and evaluate the extent of HIV/AIDS incidence and prevalence throughout the United States and its territories, providing information for targeting and implementing HIV prevention activities.		145,502	126,499	145,502	145,502	Y	N	Reduce travel; reduce contracts for local services.
93.945	Cooperative Agreements	Health and Human Services	Assistance Programs for Chronic Disease Prevention and Control	To work with State health agencies and other public and private nonprofit organizations in planning, developing, integrating, coordinating, or evaluating programs to prevent and control chronic diseases; assist in monitoring the major behavioral risks associated with the 10 leading causes of premature death and disability in the United States including cardiovascular diseases; and, establish new chronic disease prevention programs like Racial and Ethnic Approaches to Community Health (REACH), State Nutrition, Physical Activity and Obesity Programs (NPAO).		1,055,167	853,644	1,055,167	1,055,167	Y	N	Reduce program operations and training; reduce contracts for local services and outreach.
93.977	PROJECT GRANTS	Health and Human Services	Preventive Health Services-Sexually Transmitted Diseases Control Grants	To reduce morbidity and mortality by preventing cases and complications of sexually transmitted diseases (STD). Project grants under Section 318c awarded to State and local health departments emphasize the development and implementation of nationally uniform prevention and control programs which focus on disease intervention activities designed to reduce the incidence of these diseases, with applied research, demonstration, and public and professional education activities supporting these basic program activities authorized under Section 318b of the Public Health Service Act.		353,585	255,998	368,388	368,388	Y	N	Reduce travel and training; reduce contracts for local services.
93.994	FORMULA GRANTS	Health and Human Services	Maternal and Child Health Services Block Grant to the States	To enable States to maintain and strengthen their leadership in planning, promoting, coordinating and evaluating health care for pregnant women, mothers, infants, and children, children with special health care needs (CSHCN) and families in providing health services for maternal and child health populations who do not have access to adequate health care.		3,257,024	3,018,904	3,257,024	3,257,024	Y	Y	Reduce contracts for local services and outreach.
	Federal Contract	Health and Human Services	Clinical Laboratory Improvement Amendments	Registration and inspection of clinical laboratories. The clinical laboratory inspections are performed as part of the Centers for Medicare and Medicaid Services (CMS) Clinical Laboratory Improvement Amendment (CLIA) program.		163,898	142,896	163,898	163,898	Y	N	Federal contract funds - paid per deliverable as specified in the contract.
	Federal Contract	Health and Human Services	Mammography Quality	To perform federal inspections of mammography facilities under an agreement with the FDA .		55,097	52,066	55,097	55,097	Y	N	Federal contract funds - paid per deliverable as specified in the contract.
	Federal Contract	Social Security Administration	VITAL STATISTICS BIRTH RECORDS DATA	Provide birth certificate information to SSA to generate new SSNs.		279,540	99,591	99,591	99,591	Y	N	Federal contract funds - paid per deliverable as specified in the contract.
	Federal Contract	Social Security Administration	VITAL STATISTICS COOPERATIVE PROGRAM	Provide data from vital records to National Centers for Health Statistics (NCHS)		1,206,319	195,351	195,351	195,351	Y	N	Federal contract funds - paid per deliverable as specified in the contract.
	Federal Contract	Social Security Administration	Social Security Birth and Death Reports	Provide death certificate information to SSA to mark SSA records as deceased.		183,396	35,000	35,000	35,000	Y	N	Federal contract funds - paid per deliverable as specified in the contract.
	Federal Contract	Health and Human Services	Food Sanitation Inspection	To perform inspections for local food manufacturers.		120,398	69,624	120,398	120,398	Y	N	Federal contract funds - paid per deliverable as specified in the contract.
			DENTAQUEST			150,800	135,699	150,800	150,800	Y	N	Reduce program operations and training.
			ALZHEIMERS			38,775	28,575	0	0	Y	N	Contract ended.
10.561	FORMULA GRANTS	Department of Agriculture	State Administrative Matching Grants for the Supplemental Nutrition Assistance Program	To provide Federal financial aide to State agencies for costs incurred to operate the Supplemental Nutrition Assistance Program (SNAP).		11,524,684	11,358,772	11,524,684	11,524,684	Y	N	Funding reductions would impact the ability to determine eligibility for Food Stamps and lead to reductions in SR staff. The inability to meet federal performance requirements would result in financial penalties.
10.568	FORMULA GRANTS	Department of Agriculture	Emergency Food Assistance Program (Administrative Costs)	To help supplement the diets of low-income persons by making funds available to States for processing, storage and distribution costs incurred by State agencies and local organizations, such as soup kitchens, food banks, and food pantries, including faith-based organizations, in providing food assistance to needy persons.		262,231	223,411	262,231	262,231	Y	N	Impacts local food banks and reduces their ability to distribute surplus food commodities in their communities.
16.575	FORMULA GRANTS	Department of Justice	Crime Victim Assistance	The Office for Victims of Crime provides an annual grant from the Crime Victims Fund to each State and eligible territory for the financial support of services to crime victims by eligible crime victim assistance programs.		10,281,844	3,478,754	2,658,726	2,658,726	Y	N	With a reduction in funding, a majority of the programs would have to reduce the types of services they offer, no longer having the staff or volunteers to accompany victims to the hospital or court. More victims would be put on a waiting list for counseling or shelter. Programs would be forced to cut training, including training for volunteers, further reducing their ability to provide direct services to victims.
81.042	FORMULA GRANTS	Department of Energy	Weatherization Assistance for Low-income Persons	To improve home energy efficiency for low-income families through the most cost-effective measures possible.		1,862,705	1,677,270	1,862,705	1,862,705	Y	N	Reductions will result in fewer homes of low-income people being weatherized, which could have a long-term impact on future applications for public assistance. It also could result in loss of employment for weatherization employees who perform this service for each of the Community Action Agencies. It would lengthen the current waiting list of households eligible for weatherization.

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
81.999	Formula Grants; Project Grants	Department of Energy/Bonneville Power	Weatherization Conference	To improve home energy efficiency for low-income families through the most cost-effective measures possible.		614,707	609,574	609,574	609,574	Y	N	Reductions to this grant will result in fewer homes being weatherized, and could result in loss of employment for weatherization employees who perform this service for each of the Community Action Agencies. It would lengthen the waiting list of households eligible for weatherization.
84.181	FORMULA GRANTS	Department of Education	Special Education-Grants for Infants and Families	To provide grants to States to assist them to implement and maintain a Statewide, comprehensive, coordinated, multidisciplinary, interagency system to make available early intervention services to infants and toddlers with disabilities and their families.		3,028,674	2,497,820	3,028,674	3,028,674	Y	Y	Fewer children with delays and disabilities would be evaluated and served, with children not achieving their full potential.
93.090	FORMULA GRANTS	Health and Human Services	Guardianship Assistance	To provide Federal financial participation (FFP) to States, Indian Tribes, Tribal organizations and Tribal consortia (Tribes) who opt to provide guardianship assistance payments for the care of children by relatives who have assumed legal guardianship of eligible children for whom they previously cared as foster parents. This assistance is intended to prevent inappropriately long stays in foster care and to promote the healthy development of children through increased safety, permanency and well-being.		18,612	18,612	18,612	18,612	Y	N	Fewer children would leave foster care for permanent living situations with family or others acting as guardians, jeopardizing their likelihood of realizing a stable family living environment. This often has long-term impacts on the ultimate success of an individual as they become adults.
93.150	FORMULA GRANTS	Health and Human Services	Projects for Assistance in Transition from Homelessness (PATH)	To provide financial assistance to States to support services for individuals who are suffering from serious mental illness or serious mental illness and substance abuse; and are homeless or at imminent risk of becoming homeless. Programs and activities include: (1) Outreach services; (2) screening and diagnostic treatment services; (3) habilitation and rehabilitation services; (4) community mental health services; (5) alcohol or drug treatment services; (6) staff training; (7) case management services; (8) supportive and supervisory services in residential settings; (9) referrals for primary health services, job training, educational services, and relevant housing services; and (10) prescribed set of housing services.		300,000	294,508	300,000	300,000	Y	Y	Would reduce the amount of outreach and short term rental assistance provided to Idaho's homeless population living with serious mental illness, with negative impacts on their communities.
93.243	PROJECT GRANTS	Health and Human Services	Substance Abuse and Mental Health Services Projects of Regional and National Significance	Substance Abuse and Mental Health Service Administration (SAMHSA) was reauthorized by the Children's Health Action of 2000, Public law 106-310. Under this reauthorization, SAMHSA was given the authority to address priority substance abuse treatment, prevention and mental health needs of regional and national significance through assistance (grants and cooperative agreements) to States, political subdivisions of States, Indian tribes and tribal organizations, and other public or nonprofit private entities. Under these sections, CSAT, CMHS and CSAP seek to expand the availability of effective substance abuse treatment and recovery services available to Americans to improve the lives of those affected by alcohol and drug additions, and to reduce the impact of alcohol and drug abuse on individuals, families, communities and societies and to address priority mental health needs of regional and national significance and assist children in dealing with violence and traumatic events through by funding grant and cooperative agreement projects. Grants and cooperative agreements may be for (1) knowledge and development and application projects for treatment and rehabilitation and the conduct or support of evaluations of such projects; (2) training and technical assistance; (3) targeted capacity response programs (4) systems change grants including statewide family network grants and client-oriented and consumer run self-help activities and (5) programs to foster health and development of children; (6) coordination and integration of primary care services into publicly-funded community mental health centers and other community-based behavioral health settings funded under Affordable Care Act (ACA).		9,392,288	5,093,167	9,392,288	9,392,288	Y	N	Would require contract reductions with two Idaho treatment providers and lead to a reduction in the services provided to Idahoans with co-occurring mental illness and substance use disorders.
93.251	PROJECT GRANTS	Health and Human Services	Universal Newborn Hearing Screening	This program supports state and territory programs in developing a comprehensive and coordinated system of care targeted toward ensuring that newborns and infants receive appropriate timely services including continuous screening, evaluation, diagnosis and early intervention services. Additionally, family engagement and leadership is also a focus of this program, as families have a unique perspective on how the system currently affects them personally and can provide invaluable insight on the strategies that can be implemented to improve the system. The Universal Newborn Hearing Screening (UNHS) program also provides support to two organizations that assist the grantees/territories with technical assistance.		249,234	232,926	249,234	249,234	Y	N	Fewer children would be screened for hearing issues.
93.314	Cooperative Agreements	Health and Human Services	Early Hearing Detection and Intervention Information System (EHDI-IS) Surveillance Program	The objective of this program is to assist EHDI programs in developing and maintaining a sustainable, centralized newborn hearing screening tracking and surveillance system capable of accurately identifying, matching, collecting, and reporting data on all occurrent births that is unduplicated and individually identifiable. Additionally, for those program s with fully developed EHDI information systems, program will enhance the electronic system capacity to collect data, and exchange data accurately, effectively, securely, and consistently between the EHDI-IS and Electronic Health Record Systems (HER-S).		130,153	75,804	148,337	148,337	Y	N	Fewer children will be served.
93.556	FORMULA GRANTS; PROJECT GRANTS	Health and Human Services	Promoting Safe and Stable Families	The objectives of the Promoting Safe and Stable Families program are 1) to prevent child maltreatment among families at risk through the provision of supportive family services; 2) to assure children's safety within the home and preserve intact families in which children have been maltreated, when the family's problems can be addressed effectively; 3) to address the problems of families whose children have been placed in foster care so that reunification may occur in a safe and stable manner; 4) to support adoptive families by providing support services as necessary to that they can make a lifetime commitment to their children. This is accomplished through issuance of grants to State child welfare agencies, territories, and eligible Indian Tribes to serve families at risk or in crisis, to develop or expand and operate coordinated programs of community-based family support services, family preservation services, time-limited reunification services, and adoption promotion and support services.		1,605,575	1,467,705	1,605,575	1,605,575	Y	Y	Fewer families with child welfare issues would be provided in-home services to assure the safety of their children, resulting in more children being removed from their homes for safety reasons and placed in foster care, resulting in higher costs and poorer outcomes.

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
93.558	FORMULA GRANTS	Health and Human Services	Temporary Assistance For Needy Families	To provide grants to States, Territories, the District of Columbia, and Federally-recognized Indian Tribes operating their own Tribal TANF programs to assist needy families with children so that children can be cared for in their own homes; to reduce dependency by promoting job preparation, work, and marriage; to reduce and prevent out-of-wedlock pregnancies; and to encourage the formation and maintenance of two-parent families.		34,120,122	26,011,662	34,120,122	34,120,122	Y	Y	SR Operations - Reductions in this grant impacts the ability to perform eligibility for cash assistance for families, and perform employment and training services for the TANF and Food Stamp program, which is currently contracted. The inability to meet Federal performance requirements for the TANF Work Participation Rates and Food Stamps Program results in financial penalties. Reductions in this grant also impacts the ability to process child support payments for Receiving Services Only (RSO), or non-enforcement cases. SR Benefits - Reductions to this grant impacts the actual cash subsidy to low-income families, as well as child care benefits to working families and students attending college/university. Child Welfare - this grant funds child welfare staff and contracts that: 1) receive the initial report of child abuse and/or neglect; and 2) provide the initial emergency response to a referral of child abuse and/or neglect. A reduction in this grant would require other funding sources because emergency work to keep children safe cannot be reduced or limited. Foster Care & Assistance - a reduction to this grant would impact partnership with Idaho schools who work with families who have distinct potential to enter the child welfare system. A reduction would result in higher child welfare referrals and foster care cases.
93.563	FORMULA GRANTS	Health and Human Services	Child Support Enforcement	To enforce the support obligations owed by absent parents to their children, locate absent parents, establish paternity, and obtain child, spousal and medical support. In addition, a portion of funds also is reserved for a separate formula grant for States and territories to support monthly caseworker visits with children who are in foster care. A small proportion of appropriated funds are reserved for research, evaluation and technical assistance, which may be awarded competitively through contracts or discretionary grants.		15,394,516	14,782,824	15,394,516	15,394,516	Y	N	Impacts processing and enforcing Child Support applications, which involves establishing support orders and paternity orders, as well as the collection, processing, and distribution of Child Support payments. Funding loss would lead to reductions in SR staff, and the inability to meet federal performance requirements, which could result in penalties or sanctions to the TANF block grant.
93.566	FORMULA GRANTS	Health and Human Services	Refugee and Entrant Assistance-State Administered Programs	The Refugee Cash and Medical Assistance program reimburses states for the cost of cash and medical assistance provided to refugees, certain Amerasians from Viet Nam, Cuban and Haitian entrants, asylees, victims of a severe form of trafficking, and Iraqi and Afghan Special Immigrants during the first eight months after their arrival in this country or grant of asylum. Reimbursement is also provided for care of unaccompanied refugee minors and grantee administrative costs. Social Services formula funding may be used for employment and other social services for same population for five years after their date of arrival or grant of asylum.		2,423,113	2,037,043	1,415,000	1,415,000	Y	N	Reductions impact the ability to process medical and cash assistance for refugees who are not eligible for Medicaid and TAFI. It also impacts the ability to perform health screenings and immunizations for refugees when they enter Idaho, which are necessary to prevent disease outbreaks such as tuberculosis or measles.
93.568	FORMULA GRANTS	Health and Human Services	Low-Income Home Energy Assistance	To make Low Income Home Energy Assistance Program (LIHEAP) grants available to States and other jurisdictions to assist eligible households to meet the costs of home energy. Supplemental Leveraging Incentive Funds may be awarded to reward States and other jurisdictions that provide additional benefits and services to LIHEAP-eligible households beyond what could be provided with Federal funds. Up to 25 percent of the leveraging incentive funds may be set aside for LIHEAP grantees that provide services through community-based nonprofit organizations to help LIHEAP-eligible households reduce their energy vulnerability under the Residential Energy Assistance Challenge Program (REACH). Training and Technical Assistance: To provide training and technical assistance to States and other jurisdictions administering the LIHEAP block grant program.		28,719,818	20,732,393	18,993,491	18,993,491	Y	N	Impacts the ability for Community Action Agencies to process applications for heating assistance. Reductions to this grant will possibly result in the reduction of CAP agency staffing levels, impacting their ability to provide this benefit to their local communities.
93.569	FORMULA GRANTS	Health and Human Services	Community Services Block Grant	To provide assistance to States and local communities, working through a network of community action agencies and other neighborhood-based organizations, for the reduction of poverty, the revitalization of low-income communities, and the empowerment of low-income families and individuals in rural and urban areas to become fully self-sufficient (particularly families who are attempting to transition off a State program carried out under part A of title IV of the Social Security Act) and (1) To provide services and activities having a measurable and potential major impact on causes of poverty in the community or those areas of the community where poverty is a particularly acute problem; (2) to provide activities designed to assist low-income participants, including the elderly poor, to: (a) secure and retain meaningful employment; (b) attain an adequate education; (c) make better use of available income; (d) obtain and maintain adequate housing and a suitable living environment; (e) obtain emergency assistance through loans or grants to meet immediate and urgent individual and family needs, including health services, nutritious food, housing, and employment-related assistance; (f) remove obstacles and solve problems which block the achievement of self-sufficiency; (g) achieve greater participation in the affairs of the community; and (h) make more effective use of other related programs; (3) to provide on an emergency basis for the provision of such supplies and services, nutritious foodstuffs, and related services, as may be necessary to counteract conditions of starvation and malnutrition among the poor; and (4) to coordinate and establish linkages between governmental and other social services programs to assure the effective delivery of such services to low-income individuals.		4,543,909	3,881,962	2,787,180	2,787,180	Y	N	Reductions in funding of this grant impacts the ability for Community Action Agencies to assist low income families with a variety of services. Reducing this grant would possibly result in a reduction of CAP agency staffing levels and their ability to provide support at the community level.
93.575	FORMULA GRANTS	Health and Human Services	Child Care and Development Block Grant	The Child Care and Development Block Grant (CCDBG or Discretionary Funds) is a part of the Child Care and Development Fund (CCDF) program, along with the Child Care Mandatory and Matching Funds (see CFDA 93.596). The CCDBG provides grants to States, Territories, Tribes, and tribal organizations serving federally-recognized tribes (public institutions of higher education and hospitals are not eligible applicants) for child care assistance for low-income families. The goals are to: (1) allow each State maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within such State; (2) promote parental choice to empower working parents to make their own decisions on the child care that best suits their family's needs; (3) encourage States to provide consumer education information to help parents make informed choices about child care; (4) assist States to provide child care to parents trying to achieve independence from public assistance; and (5) assist States in implementing the health, safety, licensing, and registration standards established in State regulations. Current priorities include: making systemic investments in quality child care to promote child development and health and safety; and creating a system that is child focused, family friendly, and fair to providers.		26,064,292	24,905,458	26,064,292	26,064,292	Y	N	Impacts the ability to process applications and redeterminations for the Child Care program, as well as the mandatory requirement of improving the quality of services delivered. Reductions in funding would result in reductions in staffing levels and reductions in work completed through contracts for quality improvement and child care facility inspections. This could also result in waiting lists or reductions in child care subsidies available to Idaho families who are working or attending college.
93.590	FORMULA	Health and Human Services	Community-Based Child Abuse Prevention Grants	(1) to support community-based efforts to develop, operate, expand, and enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect and to support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and (2) to foster understanding, appreciation and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.		227,455	225,145	202,819	202,819	Y	N	It would reduce Idaho's efforts to prevent child abuse and collaborative efforts between system's partners.

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
93.596	FORMULA	Health and Human Services	Child Care Mandatory and Matching Funds of the Child Care and Development Fund	The Child Care Mandatory and Matching Funds are a part of the Child Care and Development Fund (CCDF) program, along with the Child Care and Development Block Grant (CCDBG) or Discretionary Funds (see CFDA 93.575). The Child Care Mandatory and Matching Funds provide grants to States, Tribes, and tribal organizations for child care assistance for low-income families. The goals are to: (1) allow each State maximum flexibility in developing child care programs and policies that best suit the needs of children and parents within such State; (2) promote parental choice to empower working parents to make their own decisions on the child care that best suits their family's needs; (3) encourage States to provide consumer education information to help parents make informed choices about child care; (4) assist States to provide child care to parents trying to achieve independence from public assistance; and (5) assist States in implementing the health, safety, licensing, and registration standards established in State regulations. Current priorities include: making systemic investments in quality child care to promote child development and health and safety; and creating a system that is child focused, family friendly, and fair to providers.		2,865,049	2,865,049	2,865,049	2,865,049	Y	Y	Impacts the ability to process applications and redeterminations for the Child Care program, as well as the mandatory requirement of improving the quality of services delivered. Reductions in funding would result in reductions in staffing levels and reductions in work completed through contracts for quality improvement and child care facility inspections that help keep children safe while in child care.
93.597	FORMULA	Health and Human Services	Grants To States For Access and Visitation Programs	To enable States to create programs which support and facilitate access and visitation by non-custodial parents with their children. Activities may include mediation, counseling, education, development of parenting plans, visitation enforcement and development of guidelines for visitation and alternative custody arrangements.		100,000	100,000	100,000	100,000	Y	N	Fewer low-income families would have access to mediation, visitation and counseling as they go through divorce.
93.599	FORMULA	Health and Human Services	Chafee Education and Training Vouchers Program (ETV)	To provide resources to States and eligible Indian Tribes to make available vouchers for postsecondary training and education, to youths who have aged out of foster care or who have been adopted or left for kinship guardianship from the public foster care system after age 16.		123,987	74,774	106,634	106,634	Y	N	Fewer children who age out of foster care will attend college and vocational programs.
93.600	PROJECT	Health and Human Services	Head Start	To promote school readiness by enhancing the social and cognitive development of low-income children, including children on federally recognized reservations and children of migratory farm workers, through the provision of comprehensive health, educational, nutritional, social and other services; and to involve parents in their children's learning and to help parents make progress toward their educational, literacy and employment goals. Head Start also emphasizes the significant involvement of parents in the administration of their local Head Start programs.		125,000	116,939	125,000	125,000	Y	N	The Head Start systems ability to collaborate with other systems would be curtailed leading to less comprehensive services for low-income individuals.
93.624	Cooperative Agreements	Health and Human Services	ACA - State Innovation Models: Funding for Model Design and Model Testing Assistance	The Center for Medicare and Medicaid Innovation (Innovation Center) awarded the second round of funding for the State Innovation Models (SIM) program. SIM is based on the premise that state innovation with broad stakeholder input and engagement, including multi-payer models, will accelerate delivery system transformation to provide better care at lower costs. SIM is focused on public and private sector collaboration to transform the state's delivery system. SIM provides financial and technical support to states to test the ability of state governments to use their regulatory and policy levers to accelerate health transformation. In Round 1, CMS partnered with 6 Model Test states to implement state-wide health transformation strategies and 19 Model Design states to develop and refine State Healthcare Innovation Plans to guide future implementation efforts.		14,853,776	6,271,854	14,853,776	14,853,776	Y	N	Approximately 90% of our Statewide Healthcare Innovation Plan (SHIP) a.k.a. SIM grant dollars are allocated to the contractual line item category. We would reduce our contractual amounts by 10% and amend our scope of work in each contract. This type of funding change would cause these impacts: 1) a reduction in the number of clinics participating in the Patient Centered Medical Home (PCMH) SHIP model test over a 3 year period; 2) reduction in the number of PCMH clinics that connect to Idaho Health Data Exchange; 3) amendment of the scope of the data analytics contract and the volume of what is measured; 4) a reduction in the number of model test measures that the in-state evaluation model would measure; 5) a reduction in the amount of support provided to the PCMH clinics during their transformation to a PCMH by the PCMH contractor; 6) a reduction in the amount of support provided by Public Health Districts through the seven Regional Collaboratives to the PCMH clinics and medical-health neighborhood infrastructure as well as 7) a reduction in the amount of Project Management and Financial Analysis work provided by Mercer to SHIP. Such infrastructure modifications could result in a higher drop-out rate of clinics and or a lesser number of clinics achieving PCMH status thereby impacting positive outcomes for healthcare transformation.
93.603	FORMULA	Health and Human Services	Adoption Incentive Payments	To provide incentives to States to increase annually the number of foster child adoptions, special needs adoptions, and older child adoptions.		778,000	578,835	146,000	146,000	Y	N	It would reduce the amount of funding for adoption stipend payments. General funds will be needed to replace this funding or the amount of the stipend provided to adoptive families would need to be reduced.
93.630	FORMULA	Health and Human Services	Developmental Disabilities Basic Support and Advocacy Grants	Developmental Disabilities Basic Support and Advocacy Grants: To enable individuals with developmental disabilities to become independent, productive, integrated and included into their communities. Funding under these programs is to assist States in the development of a plan for a comprehensive and coordinated system of services and other activities to enhance the lives of individuals with developmental disabilities and their families to their maximum potential, and to support a system which protects the legal and human rights of individuals with developmental disabilities.		472,622	445,628	472,622	472,622	Y	N	50% reduction in Partners in Policymaking, reduce Community Development activities, and reduce funding to support leadership development for families and Disability Mentoring Day projects.
93.643	FORMULA	Health and Human Services	Children's Justice Grants To States	To encourage States to enact reforms which are designed to improve (1) the assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner that limits additional trauma to the child and the child's family; (2) the assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities; (3) the investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and (4) the assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of child abuse or neglect.		131,515	128,420	131,515	131,515	Y	N	Reduction in efforts to prevent child abuse including limiting activities of Children at Risk Task Force and training of law enforcement officers about child protection at POST trainings.
93.645	FORMULA	Health and Human Services	Stephanie Tubbs Jones Child Welfare Services Program	The purpose of the Stephanie Tubbs Jones Child Welfare Services program is to promote State and Tribal flexibility in the development and expansion of a coordinated child and family services program that utilizes community-based agencies and ensures all children are raised in safe, loving families.		1,808,506	1,669,901	849,241	849,241	Y	N	Reduction in the amount of funding for foster care payments of children who are not Title IV-E eligible. Difference would need to be made up in state general funds.
93.658	Formula Grants; Project Grants	Health and Human Services	Foster Care Title IV-E	The Title IV-E Foster Care program helps States, Indian Tribes, Tribal organizations and Tribal consortia (Tribes) to provide safe and stable out-of-home care for children under the jurisdiction of the State or Tribal child welfare agency until the children are returned home safely, placed with adoptive families, or placed in other planned arrangements for permanency. The program provides funds to assist with the costs of foster care maintenance for eligible children; administrative costs to manage the program; and training for public agency staff, foster parents and certain private agency staff. In addition, \$3 million is reserved for technical assistance and plan development/implementation grants to eligible Tribes, beginning in fiscal year 09.		11,004,700	10,118,376	9,304,655	9,304,655	Y	N	Reduction in the amount of funding for foster care payments of children who are Title IV-E eligible. The difference would need to be made up in state general funds or a reduction in foster care payments.
93.659	FORMULA	Health and Human Services	Adoption Assistance	To provide Federal Financial Participation (FFP) to States, Indian Tribes, Tribal organizations and Tribal consortia (Tribes) in adoption subsidy costs for the adoption of children with special needs who cannot be reunited with their families and who meet certain eligibility tests. This assistance is intended to prevent inappropriately long stays in foster care and to promote the healthy development of children through increased safety, permanency and well-being.		7,485,729	7,417,499	7,485,729	7,485,729	Y	N	Reduction in the amount of funding available for adoption assistance stipends. The difference would need to be made up in state general funds or a reduction in stipend payments for adoptive children with special needs.

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
93.667	FORMULA	Health and Human Services	Social Services Block Grant	To enable each State to furnish social services best suited to the needs of the individuals residing in the State. Federal block grant funds may be used to provide services directed toward one of the following five goals specified in the law: (1) To prevent, reduce, or eliminate dependency; (2) to achieve or maintain self-sufficiency; (3) to prevent neglect, abuse, or exploitation of children and adults; (4) to prevent or reduce inappropriate institutional care; and (5) to secure admission or referral for institutional care when other forms of care are not appropriate.		9,933,988	9,933,988	7,349,737	7,349,737	Y	N	Reduction to this grant would result in fewer services to foster families related to: Drug tests, substance abuse treatment, foster care cases, and in-home cases. Results would be longer length of stays in foster care, a greater number of children placed in foster care, and fewer children remaining in their homes with parents. Reduction in funds would also impact the maintenance of the automated child welfare information system which is required to report and track abuse and neglect in Idaho as well as the progress of children in foster care. Reduction would also impact the ability to fund foster care in Idaho resulting in a greater reliance on state general funds to provide foster care payments to families. The grant also provides much of the funding for crisis services and placements for individuals who have developmental disabilities. Reduction in the grant would result in an increase in reliance on state general funds to provide placement and crisis services. The grant also provides funding for 211 CareLine staff and operations. Reduction in the funding will result in longer wait times for calls and less thorough responses to calls resulting in fewer Idahoans receiving health information and having their needs met by connecting with the right social services.
93.669	FORMULA	Health and Human Services	Child Abuse and Neglect State Grants	To assist States in the support and improvement of their child protective services systems.		359,437	217,156	180,218	180,218	Y	N	Reduction in multi-agency and jurisdictional system efforts to address child abuse and adopt system changes to prevent future abuse. It would also reduce the ability to conduct child fatality reviews.
93.671	FORMULA	Health and Human Services	Family Violence Prevention and Services/Domestic Violence Shelter and Supportive Services	To assist States and Native American Tribes (including Alaska Native Villages) and Tribal Organizations [Tribes] in efforts to increase public awareness about, and primary and secondary prevention of family violence, domestic violence, and dating violence; and assist States and Tribes in efforts to provide immediate shelter and supportive services for victims of family violence, domestic violence, or dating violence, and their dependents.		1,146,185	965,184	1,146,185	1,146,185	Y	N	Family Violence funds provide the funded programs with the ability to conduct prevention and education services that statistically reduce future victimizations. A reduction in funding would result in a majority of the programs reducing the types of services they offer.
93.674	FORMULA	Health and Human Services	Chafee Foster Care Independence Program	To assist States and eligible Indian Tribes in establishing and carrying out programs designed to assist foster youth likely to remain in foster care until 18 years of age, youth who leave foster care for adoption or kinship guardianship after attaining age 16, and youth who have left foster care because they attained 18 years of age and have not yet attained 21 years of age, to make the transition from foster care to self-sufficiency.		500,000	350,128	250,000	250,000	Y	N	Activities and services that support children transitioning from foster care to adulthood would be limited.
93.767	FORMULA GRANTS; Project Grants	Health and Human Services	Children's Health Insurance Program	To provide funds to States to enable them to maintain and expand child health assistance to uninsured, low-income children, and at a state option, low-income pregnant women and legal immigrants, primarily by three methods: (1) obtain health insurance coverage that meets the requirements in Section 2103 relating to the amount, duration, and scope of benefits; (2) expand eligibility for children under the State's Medicaid program; or (3) a combination of the two.		72,460,710	72,460,710	72,460,710	72,460,710	Y	Y	We would not be able to attain the grant objectives to: 1. Provide ongoing support to both physicians and parents who have children with special healthcare needs. 2. Share health information for Idahoans who use Utah's health care services. 3. Optimize accessibility and practice utilization of the Immunization Reminder Information System (IRIS) to achieve more accurate reporting of immunizations which will improve health outcomes for Idahoans.
93.777	FORMULA GRANTS	Health and Human Services	State Survey and Certification of Health Care Providers and Suppliers	To provide financial assistance to any State which is able and willing to determine through its State health agency or other appropriate State agency that providers and suppliers of health care services are in compliance with Federal regulatory health and safety standards and conditions of participation.		3,252,827	2,184,831	2,410,360	2,410,360	Y	N	A reduction in funding will create delays in completing surveys needed to open new facilities, assure quality in existing facilities, and investigate complaints. Also, if there are no federal matching Medicaid funds or appropriate state general funds to complete the work, 100% Medicare funding is in jeopardy. In addition, Medicaid payments to facilities that are not surveyed at the appropriate time frames would be at risk.
93.778	FORMULA GRANTS	Health and Human Services	Medical Assistance Program	To provide financial assistance to States for payments of medical assistance on behalf of cash assistance recipients, children, pregnant women, and the aged who meet income and resource requirements, and other categorically-eligible groups. In certain States that elect to provide such coverage, medically-needy persons, who, except for income and resources, would be eligible for cash assistance, may be eligible for medical assistance payments under this program. Financial assistance is provided to States to pay for Medicare premiums, copayments and deductibles of qualified Medicare beneficiaries meeting certain income requirements. More limited financial assistance is available for certain Medicare beneficiaries with higher incomes.		1,275,270,978	1,275,270,978	1,275,270,978	1,275,270,978	Y	Y	This grant funds benefits administration and provider payments for participants in the Idaho Medicaid program. A funding reduction could have multiple ramifications that could include: 1. An increased contribution of State funds to replace federal funds; 2. A reduction in benefits to participants; 3. A reduction in participants; 4. Reduced payments to providers; and/or 5. Affect the program's ability to successfully manage the program and benefits.

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
93.791	PROJECT GRANTS	Health and Human Services	Money Follows the Person Rebalancing Demonstration	The Money Follows the Person (MFP) Rebalancing Demonstration, authorized by section 6071 of the Deficit Reduction Act of 2005 (P.L. 109-171), was designed to assist States to balance their long-term care systems and help Medicaid enrollees transition from institutions to the community. Congress initially authorized up to \$1.75 billion in Federal funds through Fiscal Year (FFY) 2011. With the subsequent passage of the Patient Protection and Affordable Care Act (P.L. 111-148) in 2010, Section 2403 extended the program through September 30, 2016. An additional \$2.25 billion in Federal funds was appropriated through FFY 2016. The MFP Demonstration supports State efforts to rebalance their long-term support system so that individuals have a choice of where they live and receive services. Transition individuals from institutions who want to live in the community. Promote a strategic approach to implement a system that provides person centered services and a quality management strategy that ensures the provision of, and improvement of such services in both home and community-based settings and institutions. The demonstration provides for enhanced Federal Medical Assistance Percentage (FMAP) for 12 months for qualified home and community-based services for each person transitioned from an institution to the community during the demonstration period. Eligibility for transition is dependent upon residence in a qualified institution for more than 90 consecutive days. However, days that an individual was residing in the institution for the sole purpose of receiving short-term rehabilitation services that are reimbursed under Medicare are excluded and will not be counted toward the 90-day requirement. The State must continue to provide community-based services after the 12-month period for as long as the person needs community services and is Medicaid eligible. Demonstration grants will be awarded to States through March 31, 2016. CMS will accept one proposal from each State interested in participating in the demonstration program. The State Medicaid Agency must be the lead applicant. States must propose a demonstration period of no less than two consecutive fiscal years but no greater than five years. The State will indicate in its application the targeted group(s) and number of individuals it intends to transition during the demonstration period. The number of demonstration projects approved by CMS depends largely on the scope (i.e., proposed enrollment and breadth of services) and quality of the proposed projects. Under the demonstration, the State must propose a system of Medicaid home and community-based care that will be sustained after the demonstration period and is deemed qualified by the Secretary. Specifically, the program must be conducted in conjunction with a "qualified HCBS program" which is a program that is in operation (or approved) in the State for such individuals in a manner that assures continuity of Medicaid coverage of services in the qualified HCBS program for eligible individuals. States may also propose to enhance the services they will provide during the demonstration period to achieve greater success with transition. States will be required to participate in a national qualitative and quantitative evaluation conducted by CMS. Data collected on a national level will help evaluate the core objectives of the statute.		11,011,663	2,502,516	2,264,919	1,664,919	Y	Y	There will not be the resources to assist participants to transition from institutions to community settings. Individuals who may otherwise be able to move back into their community will remain in an institution. This will cost the state more for their care.
93.796	Formula Grants	Health and Human Services	State Survey Certification of Health Care Providers and Suppliers (Title XIX) Medicaid	To provide (Medicaid) financial assistance to any State which is able and willing to determine through its State health agency or other appropriate State agency that providers and suppliers of health care services are in compliance with Federal regulatory health and safety standards and conditions of participation.		833,473	688,908	833,473	833,473	Y	N	A reduction in funding will create delays in completing surveys needed to open new facilities, assure quality in existing facilities, and investigate complaints. Also, if there are no federal matching Medicaid funds or appropriate state general funds to complete the work, 100% Medicare funding is in jeopardy. In addition, Medicaid payments to facilities that are not surveyed at the appropriate time frames would be at risk.
93.800	Cooperative Agreements	Health and Human Services	Organized Approaches to Increase Colorectal Cancer Screening	The purpose of the program is to increase CRC screening rates among an applicant-defined target population of persons 50-75 years of age within partner health system(s), defined geographical areas, or disparate populations. This program will fund implementation of EBIs and other strategies in partnership with health systems with the goal of instituting organized screening programs. In addition, this program will fund a small number of awardees to pay for direct screening and follow-up services for a limited number of individuals that belong to the Program Priority Population.		480,638	340,553	480,638	480,638	Y	N	Reduce operating expenses and possibly contracted work with local agencies.
93.958	FORMULA GRANTS	Health and Human Services	Block Grants For Community Mental Health Services	To provide financial assistance to States and Territories to enable them to carry out the State's plan for providing comprehensive community mental health services to adults with a serious mental illness and to children with a serious emotional disturbance; monitor the progress in implementing a comprehensive community based mental health system; provide technical assistance to States and the Mental Health Planning Council that will assist the States in planning and implementing a comprehensive community based mental health system.		2,378,674	2,254,528	2,378,674	2,378,674	Y	Y	A reduction of 10% or more in this grant would reduce the services the Department can provide to Idahoans suffering from serious mental illness.
93.959	FORMULA GRANTS	Health and Human Services	Block Grants For Prevention and Treatment of Substance Abuse	To provide financial assistance to States and Territories to support projects for the development and implementation of prevention, treatment and rehabilitation activities directed to the diseases of alcohol and drug abuse.		10,570,756	9,598,750	10,570,756	10,570,756	Y	Y	Would reduce the amount of substance use disorders (SUD) treatment available to Idahoans with addictions and dependence on alcohol and drugs.
94.013	Provision of Specialized Services	Corporation for National and Community Service	Volunteers in Service to America	AmeriCorps VISTA is the national service program of the Corporation for National and Community Service (CNCS) designed specifically to fight poverty. VISTA supports efforts to alleviate poverty by engaging individuals, 18 years and older, from all walks of life, in a year of full-time service with a sponsoring organization (sponsor) to create or expand programs designed to bring individuals and communities out of poverty.		12,865	6,050	8,000	8,000	Y	N	Shift foster parent recruitment efforts to Eastern Washington University contract and department staff.
93.525	Cooperative Agreements	Health and Human Services	State Planning and Establishment Grants for the Affordable Care Act (ACA)'s Exchanges	To provide assistance for activities related to establishing a Health Insurance Exchange that facilitates the purchase of qualified health plans, provides for the establishment of a Small Business Health Options Program (SHOP Exchange), and meets the requirements set forth by the Secretary and the Affordable Care Act.		10,744,815	4,785,337	0	0	Y	N	Final grant expenditures in FY16.
93.767	FORMULA GRANTS; Project Grants	Health and Human Services	Children's Health Insurance Program (CHIPRA)	To provide funds to States to enable them to maintain and expand child health assistance to uninsured, low-income children, and at a state option, low-income pregnant women and legal immigrants, primarily by three methods: (1) obtain health insurance coverage that meets the requirements in Section 2103 relating to the amount, duration, and scope of benefits; (2) expand eligibility for children under the State's Medicaid program; or (3) a combination of the two.		1,805,593	266,413	0	0	Y	Y	This grant funds benefits administration and provider payments for participants in the Children's Health Insurance Program. A funding reduction could have multiple ramifications that could include: 1. An increased contribution of State funds to replace federal funds; 2. A reduction in benefits to participants; 3. A reduction in participants; 4. Reduced payments to providers; and/or 5. Affect the program's ability to successfully manage the program and benefits.
		Health and Human Services	Transformation Transfer Initiative			221,796	221,796	0	0	Y	N	This grant has ended.
			BEHAVIORAL HEALTH SVS INFO SYS (BHSIS)			255,593	255,593	0	0	Y	N	A reduction of 10% or more in this grant would make it difficult to maintain the electronic health record and therefore lead to reductions in record keeping and availability of data to make program decisions.
			URBAN INSTITUTE-FORD FOUNDATION			222,703	222,703	0	0	Y	N	Final grant expenditures in FY16.
		FDA	TOBACCO COMPLIANCE			2,061,378	809,864	2,061,378	2,061,378	Y	N	A reduction of 10% or more in this grant would require a reduction in the amount of tobacco controls enforcement to protect youth from purchasing and using tobacco products.
			Clearing			(147,309)	(147,309)	0	0			Internal grant - balance corrected to zero in July 2016.
<b>Total</b>						<b>1,668,045,749</b>	<b>1,591,678,915</b>	<b>1,608,824,706</b>	<b>1,608,224,706</b>			

CFDA#/Cooperative Agreement # /Identifying # (Per SEFA Schedule)	Grant Type (Per CFDA.gov)	Federal Granting Agency (Per SEFA Schedule)	Grant Title (Per SEFA - CFDA Title)	Description (Per CFDA.gov)	Pass Through Federal Money From Other State Agency	SFY 2016 Available Funds	SFY 2016 Actual Expenditures	SFY 2017 Available Funds	SFY 2018 Available Funds	State Approp [Y] Yearly or [C] Continuous	MOE requirement [Y] Yes or [N] No	10% or More Reduction Information
--	---------------------------	---	-------------------------------------	----------------------------	--	--------------------------	------------------------------	--------------------------	--------------------------	---	-----------------------------------	-----------------------------------

**Total Previous Year All Funds Appropriation** **2,642,911,600**

NON-CASH												
10.551	DIRECT PAYMENTS FOR A SPECIFIED USE	Department of Agriculture	Supplemental Nutrition Assistance Program	Improve nutrition of low-income households by ensuring access to nutritious, healthful diets through the provision of nutrition education and nutrition assistance through the issuance of monthly benefits for the purchase of food at authorized retailers.			261,187,720	261,187,720	261,187,720	Y		Reductions in this grant impact the ability to distribute SNAP benefits to Idahoans. Failure to meet federal performance requirements results in significant financial penalties.
10.569	FORMULA GRANTS	Department of Agriculture	Emergency Food Assistance Program (Food Commodities)	To help supplement the diets of low-income persons by making USDA Foods available to the State agencies that are responsible for the distribution of USDA Foods within the States.			3,273,319	3,273,319	3,273,319	Y		Impacts include less food commodities available for low-income families.
93.268	PROJECT GRANTS	Health and Human Services	Immunization Cooperative Agreements	To assist states and communities in establishing and maintaining preventive health service programs to immunize individuals against vaccine-preventable diseases (including measles, rubella, poliomyelitis, diphtheria, pertussis, tetanus, hepatitis B, hepatitis A, varicella, mumps, haemophilus influenza type b, influenza, and pneumococcal pneumonia).			22,586,761	22,586,761	22,586,761	Y		Reduced access to local services for children and adults, resulting in possible outbreaks and the spread of preventable diseases, impacting schools, businesses and communities.
						<b>0</b>	<b>287,047,800</b>	<b>287,047,800</b>	<b>287,047,800</b>			

\*\*\* Report must be submitted to the Division of Financial Management